STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. KATKO FOR CONGRESS 228 S WASHINGTON ST ADDRESS (number and street) STE 115 (Check if address is changed) ALEXANDRIA 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS llisker@hdafec.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) johnkatkoforcongress.com (Check if address is changed) DATE 2021 C00556365 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Lisker, Lisa, , , Type or Print Name of Treasurer Lisker, Lisa,,, [Electronically Filed] 04 15 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

EEC Form 1 (Pavisad 02/2000)	Dog 2
FEC Form 1 (Revised 02/2009) TYPE OF COMMITTEE	Page 2
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate	ate information below.)
(b) This committee is an authorized committee, and is NOT a principal camp information below.)	aign committee. (Complete the candidate
Name of Candidate KATKO, JOHN, M, ,	
Candidate Party Affiliation REP Office Sought: House Senate	State NY President District 24
(c) This committee supports/opposes only one candidate, and is NOT an aut	thorized committee.
Name of Candidate	
Party Committee:	/D
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organiz	ration on line 6.) Its connected organization is a
Corporation Corporation w/o Capita	al Stock Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and committee. (i.e., nonconnected committee)	is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor or	n line 6.)
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburs committees/organizations, at least one of which is an authorized committee of the committee of	
(h) This committee collects contributions, pays fundraising expenses and disburs committees/organizations, none of which is an authorized committee of a fed	·
Committees Participating in Joint Fundraiser	
	D number
2. FEC II	D number C
3. FEC II	D number
4.	D number

FFO Farms 4 (Davids at 03/0909)	D 2
FEC Form 1 (Revised 02/2009) Write or Type Committee Name	Page 3
KATKO FOR CONGRESS	
6. Name of Any Connected Organization, Affiliated Committee,	Joint Fundraising Representative, or Leadership PAC Sponsor
ZELDIN KATKO VICTORY FUND	<u></u>
47 FLINTLOCK DRIVE Mailing Address	
SHIRLEY	NY 11967 STATE ZIP CODE
Relationship: Connected Organization Affiliated Committee	e X Joint Fundraising Representative Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number books and records. 	er optional) and position of the person in possession of committee
Lisker, Lisa, , , Full Name 228 S. Washington St. Ste. 115	
Mailing Address	
Alexandria	VA 22314
Title or Position CITY	STATE ZIP CODE
Treasurer	Telephone number 703 - 549 - 7705
3. Treasurer: List the name and address (phone number optional any designated agent (e.g., assistant treasurer).) of the treasurer of the committee; and the name and address of
Full Name Lisker, Lisa, , , of Treasurer	
Mailing Address 228 S. Washington St. Ste. 115	
Alexandria	VA
CITY Title or Position , Treasurer	STATE ZIP CODE
	Telephone number 703 - 549 7705

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Depositories: List all banks or other depositories in which the committee deposits funds, has or maintains funds. epository, etc.	holds accounts, rents
	BB&T	
Mailing Address	1909 K St., NW	
	Washington DC 2000	06
	CITY STATE	ZIP CODE
Name of Bank, De	epository, etc.	
l	Chain Bridge Bank	
Mailing Address	<u> </u>	
	McLean VA 2210)1

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connecte KATKO VICTOR	d Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	, , , , , VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	ed Organization Affiliated Committee	oint Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Ident		oint Fundraising Representa	ative Leadership PAC Sp
Connected Agent: Ident		oint Fundraising Representa	Leadership PAC Sp
esignated Agent: Ident		oint Fundraising Representa	Leadership PAC Sp
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	g Participant:		
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ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
TAKE BACK THE	HOUSE 2022		
Mailing Address	PO BOX 30844		
	BETHESDA	MD MD	20824-0844
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
acianated Agant, Identify	y by name, address (phane number continual)		
esignated Agent: Identify	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
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	ng Participant:		
1.		FEC ID number	C
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	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spon
Mailing Address	610 S. BOULEVARD		1 1 1 1 1 1 1 1 1
	TAMPA	, , , FL	33606
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	y by name, address (phone number - optional		
Full Name			
Full Name			
Mailing Address	CITY A	STATE A	ZIP CODE A
	CITY A	1	ZIP CODE A
Mailing Address	CITY A	STATE Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION	ories: List all banks or other depositories in wh	Telephone Number	
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Relationship:		CITY A		STATE A	ZIP CODE ▲
Full Name	by name, addres	s (phone number – optiona	al)		
Mailing Address					
TITLE OR POSITION •		CITY A		STATE A	ZIP CODE A
TITLE OR POSITION		CITY A	Telephone N		ZIP CODE A
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FEC Form 1S (Revised 02/2017)

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Mailing Address					
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(g) c	or(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
i.	Name of Any Connected	Organization, Affiliated Committee, Joint Fur	draising Representative	e, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee Jo	int Fundraising Represent	Leadership PAC Sponsor
i.		by name, address (phone number - optional)		
	Full Name			
	Full Name			
	Mailing Address	CITY	STATE A	ZIP CODE A
		CITY A		
	Mailing Address TITLE OR POSITION	ries: List all banks or other depositories in which intains funds. Sank 101 South Salina Street	STATE A Telephone Number ch the committee deposit	ZIP CODE ZIP CODE s funds, holds accounts, rents
	Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	STATE ▲ Telephone Number	ZIP CODE ▲

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraising		FEC ID number	C
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ame of Any Connected (Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spor
Mailing Address			
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisin	g :			
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